

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Vail C. Reese**Mailing Address 450 Sutter St  
Rm 830

City	State	Zip Code
San Francisco	CA	94108-3915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Union Square Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

**Transaction ID : 71EC5B50-B9B5-459E-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jack S. Resneck Jr.**

Mailing Address 312 H St

City	State	Zip Code
San Rafael	CA	94901-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCSF Department of Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

**Transaction ID : 2EBCC3349B33C8FC76A**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. Hobart K. Richey**

Mailing Address 443 Anchorage Dr

City	State	Zip Code
Nokomis	FL	34275-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

**Transaction ID : 204063B23CF184BA4CB**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1225.00